



Form No. 6M  
(A/02-09)

## Town of Spencer

90 N West Street  
Spencer, Indiana 47460  
Phone (812) 829-3213

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for:		Date of Application: / /
How did you learn about the position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		
Last Name:	First Name:	Middle Name:
Address:		
Telephone No.: (      )      -      -      -	Social Security No.: -      -      -	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ YES      ☐ NO

Have you ever filed an application with the Town of Spencer before?

☐ YES      ☐ NO

If yes, give date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with the Town of Spencer before?

☐ YES      ☐ NO

If yes, give date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed?

☐ YES      ☐ NO

May we contact your present employer?

☐ YES      ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)

☐ YES      ☐ NO

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

On what date would you be available for work

\_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:    ☐ Full Time    ☐ Part Time    ☐ Shift Work    ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ YES

☐ NO

Can you travel if a job requires it?

☐ YES

☐ NO

Have you been convicted of a felony within in the last seven (7) years?  
(Conviction will not necessarily disqualify an applicant from employment)

☐ YES

☐ NO

If yes, please explain: \_\_\_\_\_

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## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United State military.

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or protected status.

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s): Home (        )        - Cell (        )        - Work (        )        -				
Job Title:                      Supervisor:		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s): Home (        )        - Cell (        )        - Work (        )        -				
Job Title:                      Supervisor:		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s): Home (        )        - Cell (        )        - Work (        )        -				
Job Title:                      Supervisor:		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper

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List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

## ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

### Specialized Skills: List the Skills/Equipment Operated

Office Equipment:

Computer/Software:

Heavy Equipment:

Other:

State any additional information you feel may be helpful to us in considering your application:

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

☐ YES

☐ NO

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## REFERENCES

Name:		Phone No.:
City:	State:	Zip:
Name:		Phone No:
City:	State:	Zip:
Name:		Phone No:
City:	State:	Zip:

## FOR OFFICE USE ONLY

The position applied for is open: <input type="checkbox"/> YES <input type="checkbox"/> NO
The applicant is considered for what position: _____
Additional Comments:

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